

# CASH RECEIPTS MONETARY CONTRIBUTIONS

# C3

(1/02)

THIS SPACE FOR OFFICE USE

100759183

05-09-2017

Candidate or Committee Name (Do not abbreviate. Use full name.)

MADELINE E GOODWIN (Friends of Madeline Goodwin)

Mailing Address

PO Box 8851

City

Lacey, WA

Zip + 4

98509

Office Sought (candidates)

CITY COUNCIL MEMBER

Election Date

2017

## 1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous .....		
	b. Candidate's personal funds deposited in the bank (include candidate loans in 1c) .....		
	c. Loans, notes, security agreements. Attach Schedule L .....		
	d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation .....		
Various	e. Small contributions \$25.00 or less not itemized and number of persons giving <u>12</u> (persons)	215.00	

## 2. CONTRIBUTIONS OVER \$25.00

Date Received	Contributor's Name, Address, City, State, Zip	Contributions of more than \$100:*	P R I	G E N	Amount	Aggregate* Total
04/27/17	ELIZABETH BROWN 8168 Crown Bay Marina Ste St. Thomas, WA 802		X		30.00	30.00
	Occupation					
04/28/17	GLEN MARGOLIS 685 Spring Street Friday Harbor, WA 98250	Self-employed	X		168.25	168.25
	Occupation	ENTREPRENEUR				
04/28/17	CARA MARTING 24- 1000 Southdale Road E London, WA N6E1V1		X		50.00	50.00
	Occupation					
04/28/17	SUZANNE PALEY 2767 Sussex Way Redwood City, CA 94061		X		40.00	40.00
	Occupation					
04/28/17	JOEL CARLSON 3634 Loren St NE Lacey, WA 98516		X		50.00	50.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			553.25	*See reverse for details.
		Amount from attached pages			286.00	

## 3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT

Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4.

839.25

4. Date of Deposit

04/30/17

I certify that this report is true and complete to the best of my knowledge

Treasurer's Signature

Date

Michael J Tobias

05-09-2017

Treasurer's Daytime Telephone No.: (253) 241-0276

# RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

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Candidate or Committee Name (Do not abbreviate. Use full name.)  
MADELINE E GOODWIN (Friends of Madeline Goodwin)

Deposit Date  
04/30/17

## 2. CONTRIBUTIONS OVER \$25.00

Date Received	Contributor's Name, Address, City, State, Zip	Contributions of more than \$100: Employer's Name, City and State	P R I	G E N	Amount	Aggregate Total*
04/29/17	GRAEME SACKRINSON 3710 Strikes Dr NE Lacey, WA 98503	Occupation	X		100.00	100.00
04/30/17	AMY TIMLIN 321 Clearfield Ave Norristown, PA 19403	Occupation	X		50.00	50.00
04/30/17	DAVID PRESTON 432 Los Gatos Almaden Rd Los Gatos, CA 95032	Occupation	X		36.00	36.00
04/30/17	CAROL JENKINS 740 West Satsop Road E Elma, WA 98541	Occupation	X		50.00	50.00
04/30/17	BARBARA CONNOLLY 1 Hendricks St Avon, MA 2322	Occupation	X		50.00	50.00
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Page Total 286.00